

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039995

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** ROLF LYON URGENT CARE PL

**Current Principal Place of Business:**

155 S.E. HWY. 19  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

155 S.E. HWY. 19  
CRYSTAL RIVER, FL 34429 US

**New Mailing Address:**

**FEI Number:** 30-0545090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYON, ROLF  
12805 FOSS GROVE PATH  
INGLIS, FL 34449 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LYON, ROLF  
**Address:** 155 S.E. HWY. 19  
**City-St-Zip:** CRYSTAL RIVER, FL 34429 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ROLF LYON

MGRM

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date